ABSA
the pressure equipment safety authority

Design Registration Application

Please complete a separate form for each design/procedure you wish to register.

Date of Application (yyyy/mm/dd): _____

☐ **New Submission**

☐ **Resubmission** Ref. Tracking No. _____

☐ **Revision** Ref. CRN _____

☐ **Repair or Alteration** (incl. 2 copies of the AB-230) Ref. CRN _____

Ref. A No. _____

☐ **Used Equipment Imported to Alberta****

☐ **For Registration in other Canadian provinces and territories****

☐ BC ☐ SK ☐ MB ☐ ON ☐ QC ☐ NB

☐ NS ☐ PE ☐ NL ☐ NT ☐ YT ☐ NU

For ABSA Office Use Only

Tracking No. _____

Date Received _____

Assigned Surveyor _____

Response Date

Quality Plan**

(for recognized AQP holders only)

AQP No.: _____

RDR / RDS Name _____

For QP Initial Audit ☐ Yes ☐ No

Manufacturer's Full Legal Company Name and Address

(plant owner for piping) _____

_____

Mailing Address: _____

_____

_____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Email Address:

Submitter's Full Legal Company Name and Address

☐ same as manufacturer ☐ see below

_____

Mailing Address: _____

_____

_____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Email Address:

Invoicing Instructions

The invoice will be sent and the documents will be returned to the Submitter.

☐ P.O. No. or Ref. No.: _____
(if required for payment)

☐ Call for submission pick-up

Additional Information

Include **two sets of drawings (folded)**, one set of calculations and the applicable Form AB-31a or AB-31b.

☐ **Main Drawing No(s)., Fitting Catalogue No., or Welding Spec No.:** _____

_____

☐ **Vessel or Boiler Code of Construction** (incl. Form AB-31a) **ASME** Sec.: _____ Div.: _____

☐ **Piping** (incl. 1 copy of the AB-31b and 2 copies of the AB-96*)

Ref. PP No.: _____

☐ **Fitting (☐ New / ☐ Addition / ☐ Renewal)**

(incl. 2 original copies of the AB-41* and 2 copies of the AB-257)

Ref. CRN (if applicable): _____

☐ **Welding Procedure**

☐ **Pneumatic Testing Procedure** (for piping)

Ref. PP No.: _____

☐ **Hot Tap Procedure** (for piping)

Ref. PP No.: _____

☐ **Reciprocal Design** (incl. proof of registration)

Reciprocal CRN: _____

☐ **Other** (specify) _____

_____

Type of Pressure Equipment (check only one)

☐ Boiler

☐ Pressure Vessel

☐ Heat Exchanger

☐ **Rush Rate Authorized by:** _____

Date required: _____

* Required Forms

** See the ABSA website for further information www.absa.ca

Mail to: ABSA 9410 – 20th Avenue Edmonton, AB Canada T6N 0A4